

SEC	
(effective dat	te)
Filing Mont	h:

Investment Adviser Registration Depository (IARD) User Account Acknowledgment Form (UAAF)

You must complete this form to request access to the Web IARD system. Return this form to NASDR in the enclosed return envelope. DO NOT SEND THIS FORM TO THE SEC. It will be returned to you and delay your access to the Web IARD System.

This form has been completed with information from the SEC's computer systems. If any of this information is incorrect, you may update it by striking through the incorrect information and printing the correct information directly above it. Complete any blanks.

Business Names	10, 10,
Full Legal Name:	14 0
Primary Business Name:	31.040
If your firm also is registered as a broker-dealer, enter y	our Firm's CRD Number:
Principal Office and Place of Business	10
Street Address:	
City: State:	
Country	Zip:
Telephone Number:	FAX Number:
E-Mail Address:	_
Name of Firm Contact Person:	
If you plan to use a service bureau to make your Web I bureau.	ARD filings, enter the name of the service

Primary Web IARD Account Administrator

Provide the name of the individual you are designating as your Web IARD Primary Account Administrator. You should designate someone who will be accessible to those individuals who will be using the Web IARD System. This individual will be responsible for maintaining all of your firm's user accounts, including resetting passwords, setting or changing user privileges, and requesting accounts to be added/deleted. The Web IARD Account Administrator Navigation Guide provides more information about the responsibilities of a Web IARD Account Administrator. The Primary Account Administrator must complete the Web IARD Account Administrator Entitlement Form.

Ctroot Address:	First	Middle	Last		
Street Address:		4			
 City:		State:			
Country:	Zip:				
Telephone Number: _		FAX Number	<u></u>		
E-Mail Address:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A.C.		
Date of Birth:/	_/ MM/DD/YYY	Y. Date of Birth is used t	to verify the identity of the user.		
	eady entitled to use NAS systems, check here: [SDR's Web CRD SM or Re	egulation Form Filing sM		
Alternate Web IARD A issues if the Primary V Administrator also mu	Account Administrator at Web IARD Account Admist complete the Web IA				
Street Address:					
City:		State:			
Country:		Zip:			
Геlephone Number: _		FAX Number	:		
E-Mail Address:					
Date of Birth:/	_/ MM/DD/YYY	Y. Date of Birth is used t	to verify the identity of the user.		
	eady entitled to use NAS systems, check here: [SDR's Web CRD SM or Re	egulation Form Filing SM Page 2 of 4		

In addition to the Account Administrators you identified on the previous page, enter the names of any other individuals who will need access to the Web IARD System.

			Date of Birth (Required)
1)			//
First	Middle	Last	MM DD YYYY
2)			//
First	Middle	Last	MM DD YYYY
3)	Middle	Loot	// MM DD YYYY
First	Middle	Last	IMINI DO TITI
☐ Check here MM/DD/YYYY	e if you are attaching a lis format.	st of additional users. E	se sure to include each user's birth date in
Financial Con	tact Employee	Â	7, 3,
Provide the natification Financial Accordance		pe available to discuss	issues relating to your Firm's Web IARD
Name:			X
	Last	First	Middle
Title:		~ 011	
Street address	\$	NO PO	
City:	. 0	State:	
Country:		Zip:	
Title:		E-mai	l Address:
Telephone Nur	nhar:	EVAV	Jumber.

This User Account Acknowledgment Form (UAAF) must be executed by an officer, partner, or other individual with full legal authority to execute this UAAF on behalf of the participating organization. The signatory hereby acknowledges that he/she is authorized to execute this agreement on behalf of the organization. The signatory further acknowledges and agrees on behalf of the organization that the Account Administrator and all users designated on this UAAF (or otherwise by the organization) are authorized to act on behalf of the organization whenever conducting its business, regulatory, or other lawful activities, through the Web IARD system and are entitled to make filings, acceptances or rejections, enter data, and/or initiate transactions on behalf of the organization, and that the organization will be responsible for such filings, data entered, and/or transactions initiated, and all fees and registration transactions related thereto.

Signature:	
Title:	
Organization:	(6)
Date:	Se ill
Print Name of Signatory:_	7, 1, 1,0
	30,10
	A TO ON

Web IARD Pilot Entitlement Requests
NASD Regulation, Inc.
P.O. Box 9495
Gaithersburg, MD 20898-9495

Gateway Call Center: 240-386-4848

